	State of Rhod	la Island		Fee: \$50.00
	Office of the Secre		te	1 cc. ¢20.00
	Division Of Busin	ess Services		
	148 W. River			
1636	Providence RI 02			
1030	(401) 222-	5040		
Limited Liability Compa Annual Report Filing Period: February 1 - M				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
1aw (R.I.G.L. 7-10-00(D&C))		ρ23.00.		
ANNUAL REPORT YEAR: 2	.023			
1. ID No. <u>001719514</u>				
2. Exact Name of the Limited Liability Company <u>Onsite Microprop LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541990</u>				
<u>541990</u>	Character of the Business V	Vhich is Actu	ally Conducte	d in Rhode
<u>541990</u> 4. Brief Description of the Island <u>ONLINE CONSULTING</u>	Character of the Business V AND PROTOCOL SERVIC			
541990 4. Brief Description of the Island	AND PROTOCOL SERVIC			
<u>541990</u> <b>4. Brief Description of the</b> Island <u>ONLINE CONSULTING</u> <u>TISSUE</u>	AND PROTOCOL SERVIC			
541990   4. Brief Description of the Island   ONLINE CONSULTING   TISSUE   CULTURE LABORATOI   5. Principal Office Addres	AND PROTOCOL SERVIC			
541990   4. Brief Description of the Island   ONLINE CONSULTING   TISSUE   CULTURE LABORATOI   5. Principal Office Addres	AND PROTOCOL SERVIC RIES. s DRGE WATERMAN RD.	CES FOR NE	W AND EST.	
541990   4. Brief Description of the Island   ONLINE CONSULTING   TISSUE   CULTURE LABORATOI   5. Principal Office Address   No. and Street: 243 GE0   City or Town: JOHNS'	AND PROTOCOL SERVIC RIES. s DRGE WATERMAN RD.	CES FOR NE	W AND EST.	<u>ABLISHED</u> Country: <u>USA</u>
541990   4. Brief Description of the Island   ONLINE CONSULTING   TISSUE   CULTURE LABORATOR   5. Principal Office Address   No. and Street: 243 GEQ   City or Town: JOHNST   6. Mailing Address of Limi   Contact Name: DAVID CR	AND PROTOCOL SERVIO RIES. s DRGE WATERMAN RD. FON ted Liability Company and N	CES FOR NE	W AND EST.	<u>ABLISHED</u> Country: <u>USA</u>
541990   4. Brief Description of the Island   ONLINE CONSULTING   TISSUE   CULTURE LABORATOR   5. Principal Office Address   No. and Street: 243 GE0   City or Town: JOHNST   6. Mailing Address of Limi   Contact Name: DAVID CR	AND PROTOCOL SERVIO RIES. s DRGE WATERMAN RD. TON ted Liability Company and N ITZER Contact Title: <u>CEO</u> DRGE WATERMAN RD.	CES FOR NE State: <u>RI</u> ame or Title o	W AND EST Zip: <u>02919</u> of Contact Per	<u>ABLISHED</u> Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 28 Day of February, 2023 at 12:10:47 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By DAVID CRITZER

Signature of Authorized Person

Form No. 632 Revised 09/07

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